

PSC DOCKET #

08 - C P C N - 07

RECEIVED

2008 APR 16 AM 10:07

LAWARE P.S.C.

TIDEWATER

UTILITIES INC.

Certificate of Public Convenience and
Necessity Application

Kent County

Kent County 3

TIDEWATER UTILITIES, INC.

"Southern Delaware's Premier Water Company Since 1964"

April 16, 2008

Mr. Kevin Neilson
Public Service Commission
861 Silver Lake Blvd.
Suite 100
Dover, DE 19904

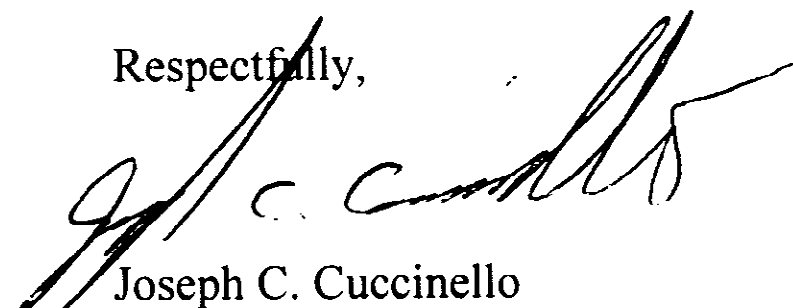
Re: CPCN Application – Kent County 3

Dear Mr. Neilson;

Enclosed you will find the CPCN application for Kent County 3 area located in Kent County, Delaware.

Two original and ten copies of the application have been included. A check payable to the Public Service Commission in the amount of \$300.00 has also been included for the application fee. If I can be of further assistance upon your review, please do not hesitate to contact me at 302-734-7500 Ext. 1014.

Respectfully,



Joseph C. Cuccinello
CPCN Coordinator
Tidewater Utilities, Inc.

cc: Mr. Willard Preston, SFMO w/enclosures
cc: Mr. Ed Hallock, DPH w/enclosures
cc: Mr. Kevin Donnelly, DNREC w/enclosures

**APPLICATION FOR A CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY REQUIRED
TO BEGIN OR EXPAND THE BUSINESS
OF A PUBLIC WATER UTILITY**

BEFORE THE PUBLIC SERVICE COMMISSION

Application Fee \$300 for filing each extension to a CPCN
 \$750 for filing each original application for new water utility 26 Del. C. §114(a)

This form of application must be filed for each new and expanding water system pursuant to 26 Del. C. §203C.

WATER UTILITIES: **Kent County 3**

1. Basis for application:

- ☐ a. Water in the proposed service area does not meet the Regulations Governing Public Drinking Water Systems of the State Board of Health for human consumption; {26 Del. C., §203C (d)(2)(a)}; or
- ☐ b. Water supply in the proposed service area is insufficient to meet the projected demand; 26 Del. C., §203C (d)(2)(b)}; or
- ☐ c. The applicant is in possession of a signed service agreement with the developer of a proposed subdivision or development, which subdivision or development has been duly approved by the respective county government; {26 Del. C., §203C (e)(1)(a)}; or
- ☒ d. The applicant is in possession of a petition signed by a majority of the parcel owners of the proposed territory to be served; {26 Del. C., §203C (e)(1)(b)}; or **Exhibit A**
- ☐ e. The applicant is in possession of a duly certified copy of a resolution from the governing body of a county or municipality requesting the applicant to provide service to the proposed territory to be served; {26 Del. C., §203C (e)(1)(c)}.

2. To obtain a Certificate of Public Convenience and Necessity ("CPCN") to provide adequate water service to customers and meet the Regulations Governing Drinking Water Standards of the State Board of Health for human consumption {26 Del. C., §203C(a)}.

3. Tidewater Utilities, Inc. requests an informal fact finding procedure during review of application.

4. (a.) Full legal name and address of Applicant:

Tidewater Utilities, Inc.
1100 South Little Creek Road
Dover, Delaware 19901

 (b.) Full name of the Utility's designated representative:

Joseph C. Cuccinello
Emily R. Opdyke

 (c.) Phone no: 302-734-7500 X1014 or X1012

 (d.) Fax no: 302-734-9297

 (e.) Email address: jcuccinello@Tuiwater.com or eopdyke@tuiwater.com

5. Supporting documentation required by 26 Del. C. §203C(e)(1), including evidence that all landowners of the proposed territory have been notified of application: **Exhibit B**

6. A complete list of county tax map parcel number(s) for the area covered by the application: **Exhibit C**

7. A complete list of county tax map parcel number(s) with corresponding names and addresses of property owners and a copy of the tax map(s) for the area: **Exhibit C**

8. The Applicant hereby certifies that the extension will satisfy the provisions of 26 Del. C. §403C, including:

- (a.) The Applicant is currently furnishing water to its present customers in Delaware in such a fashion that water pressure at every house supplies is at least 25 psi at all times at the service connection.
- (b.) The Applicant shall furnish water to the house or separate location of each new customer in the Delaware at a pressure of at least 25 psi at each location or house at all times at the connection while continuing also to supply each old customer at a pressure of at least 25 psi at each house at all times at the service connection.
- (c.) The Applicant is currently not subject to a finding by the appropriate federal or state regulatory authority that we have materially failed to comply with applicable safe drinking water or water quality standards; and
- (d.) The Applicant is currently not subject to any Order issued by the Commission finding that Tidewater Utilities, Inc. has materially failed to provide adequate or proper safe water services to existing customers.

9. Copies of petitions signed by landowners showing a majority of the parcel owners of the proposed territory to be served agree with the filing of a CPCN to permit Applicant to provide them with public water. **Exhibit A**

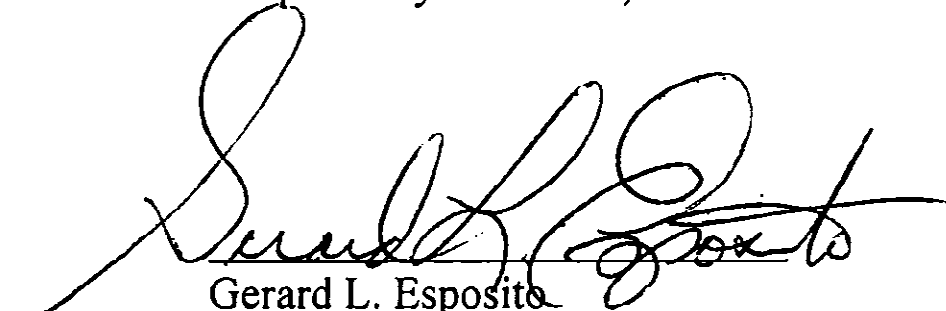
10. (a.) A copy of the application must be sent to State Fire Marshall, Public Health Department, and Department of Natural Resources.

1.) The current status of such application is: **Sent**

(b.) The Applicant provides the following additional information with this application;

- 1.) A corporate history including dates of incorporation, subsequent acquisitions and/or mergers, **On PSC File**
- 2.) A chart, which depicts the inter-company relationships, **On PSC File**
- 3.) A map identifying all areas, including all towns, cities, counties and other governments subdivisions to which service is already provided, **On PSC File**
- 4.) All copies of Applicant's annual reports to stockholders and that of its subsidiaries, and parent for the last two years, **On PSC File**
- 5.) Applicant's audited financial statements, 10K's and all proxy material for the last two years, **On PSC File**
- 6.) Any additional information required by PSC Staff will be made available on request.

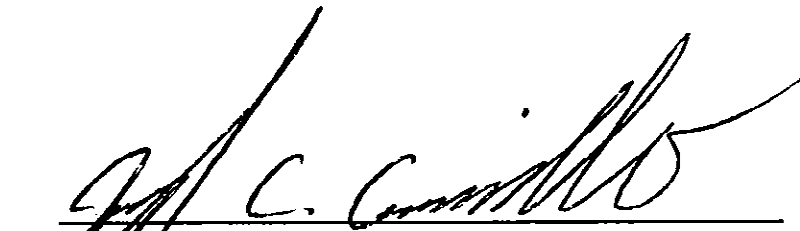
Respectfully submitted,



Gerard L. Esposito
President

Certification of Landowner Information Accuracy

By submitting this application, Tidewater Utilities, Inc. hereby certifies that we have reviewed the appropriate tax or land record documents; and that according to those documents, the landowners identified in the parcel lists are the landowners of record and that the petitions contained in this application have been signed by the landowners of record.



Joseph C. Cuccinello
CPCN Coordinator

EXHIBIT

A

Tidewater (TUI) - Water Petition
1-800-523-7224
www.tuiwater.com

**PETITION FOR INCLUSION IN TIDEWATER UTILITIES, INC.
WATER SERVICE TERRITORY**

In accordance with 26 Delaware Code 203-C., I/we, the undersigned, as the recorded property owners according to current tax records for the following property/properties, request to be included in the water service territory of Tidewater Utilities, Inc. I/We understand that the majority of the property owners must sign this petition in order for Tidewater Utilities, Inc to apply for a Certificate of Public Convenience and Necessity (CPCN) in order to provide water service to the following property/properties:

Tax Parcel Number(s): LC00-038.00-01-08.00

Property Owner(s): M.W. Ishak, MD
Virginia L. Ishak
4000 York Dr
Havredegance, MD 21078

*Sorry for the Delay
Because of illness*

Owner's Signature(s): **X** *M. W. Ishak*

Date: *February 21 2008*

Owner's Signature(s): **X** *Virginia L. Ishak*

Date: *February 21 2008*

Please sign and date at the **X** and then return the signed petition to the following address:

Tidewater Utilities, Inc.
1100 S. Little Creek Road
Dover, DE 19901

NKent

P-08-0017

**PETITION FOR INCLUSION IN TIDEWATER UTILITIES, INC.
WATER SERVICE TERRITORY**

In accordance with 26 Delaware Code 203-C., I/we, the undersigned, as the recorded property owners according to current tax records for the following property/properties, request to be included in the water service territory of Tidewater Utilities, Inc. I/We understand that all of the property owners must sign this petition in order for Tidewater Utilities, Inc to apply for a Certificate of Public Convenience and Necessity (CPCN) in order to provide water service to the following property/properties:

Tax Parcel Number(s): 600-185.00-01-23.00

Property Owner(s): Helen McNally
3930 Vernon Rd
Harrington, DE 19952

Owner's Signature(s): **X** Helen McNally Date: 2/25/08

Owner's Signature(s): **X** Helen McNally Date: 2/25/08

Please sign and date at the **X** and then return the signed petition to the following address:

Tidewater Utilities, Inc.
1100 S. Little Creek Road
Dover, DE 19901

**PETITION FOR INCLUSION IN TIDEWATER UTILITIES, INC.
WATER SERVICE TERRITORY**

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Tax Parcel Number(s): 600-177.00-01-16.00

Property Owner(s): Herman Albert & Mary Jane Zeitler
4103 Brownsville Rd
Harrington, DE 19952

Owner's Signature(s): **X** Herman Albert Zeitler Date: 2-25-08

Owner's Signature(s): **X** Mary Jane Zeitler Date: 2-25-08

Please sign and date at the X and then return the signed petition to the following address:

Tidewater Utilities, Inc.
1100 S. Little Creek Road
Dover, DE 19901

Tidewater (TUI) - Water Petition
1-800-523-7224
www.tuiwater.com

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WATER SERVICE TERRITORY**

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Tax Parcel Number(s): MN00-198.00-01-36.03

Property Owner(s): William Norris Beauchamp
6004 Brass Lantern Ct
Raleigh, NC 27606

Owner's Signature(s): **X** William M. Beauchamp Date: 03-08-08

Owner's Signature(s): **X** _____ Date: _____

Please sign and date at the X and then return the signed petition to the following address:

Tidewater Utilities, Inc.
1100 S. Little Creek Road
Dover, DE 19901

33kent

P. 08.0272

EXHIBIT

B

TIDEWATER UTILITIES, INC.

"Southern Delaware's Premier Water Company Since 1964"

March 12, 2008

Certified Mail # 7005 3110 0000 5448 3751

M.W. Ishak, MD
Virginia L. Ishak
4000 York Dr
Havredegance, MD 21078

Dear M.W. Ishak, MD Virginia L. Ishak

Pursuant to Title 26, § 203C(e) of the Delaware Code, an application for a Certificate of Public Convenience and Necessity (CPCN) will be submitted to the Delaware Public Service Commission on or about April 11, 2008. In accordance with the petition you have recently signed, your properties have been included within an area Tidewater Utilities, Inc. intends to serve with public water and we are required to inform you of certain information. The area to be served is tax parcel number LC00-038.00-01-08.00 located in Kent County, Delaware. If you agree to the inclusion of your property in the proposed service area, no action on your part is required.

Pursuant to current law, you may file an objection to receiving water service from Tidewater Utilities, Inc. Under Delaware law, the Public Service Commission cannot grant a CPCN to Tidewater Utilities, Inc. for the proposed service area, including your property, if a majority of the landowners in the proposed service area object to the issuance of the CPCN. If you object to receiving water service from Tidewater Utilities, Inc., you must notify the Commission, in writing, within sixty days of your receipt of this notice or within thirty days of the filing of a completed application for a CPCN, whichever is greater.

Pursuant to current law, you may also elect to opt-out of inclusion in the proposed service area. The term "opt-out" means that you decide that you do not want to receive water service from Tidewater Utilities, Inc., even if a majority of the landowners in the proposed service area do elect to receive water service from Tidewater Utilities, Inc. If you do decide that you do not want to receive water service from Tidewater Utilities, Inc. and instead wish to opt-out, you must notify the Commission, in writing, within sixty days of your receipt of this notice or within thirty days of the filing of the completed application for a CPCN, whichever is greater.

You may also request a public hearing on this matter. A request for a public hearing must be made in writing to the Commission within sixty days of your receipt of this notice or within thirty days of the filing of the completed application for a CPCN, whichever is greater.

The written notice of your decision to object to the issuance of the CPCN, to opt-out of receiving water service from Tidewater Utilities, Inc., and/or your written request for a public hearing, shall be sent to the Secretary of the Public Service Commission at the following address:

861 Silver Lake Blvd.
Suite 100
Dover, DE 19904

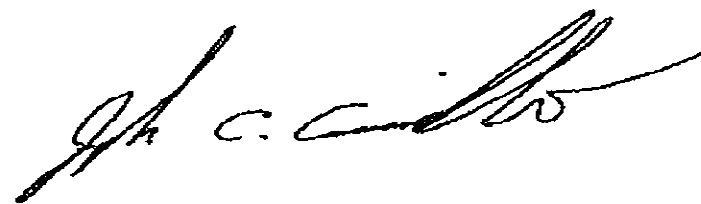
Any written notice you send to the Commission must include the description of the service area referred to in paragraph (1) above and the name of the applicant so the Commission will be able to identify the CPCN application to which your notice is related.

Questions regarding objections, opt-outs, and hearings may be directed to:

Commission Secretary
861 Silver Lake Blvd.
Suite 100
Dover DE, 19904
302-736-7500

If you should have any questions, please contact me at 302-734-7500 x1014.

Sincerely,

A handwritten signature in black ink, appearing to read "J. C. Cuccinello", written in a cursive style.

Joseph C. Cuccinello
CPCN Coordinator
Tidewater Utilities Inc.

TIDEWATER UTILITIES, INC.

"Southern Delaware's Premier Water Company Since 1964"

March 12, 2008

Certified Mail # 7005 3110 0000 5448 3768

Helen McNally
3930 Vernon Rd
Harrington, DE 19952

Dear Helen McNally

Pursuant to Title 26, § 203C(e) of the Delaware Code, an application for a Certificate of Public Convenience and Necessity (CPCN) will be submitted to the Delaware Public Service Commission on or about April 11, 2008. In accordance with the petition you have recently signed, your properties have been included within an area Tidewater Utilities, Inc. intends to serve with public water and we are required to inform you of certain information. The area to be served is tax parcel number 600-185.00-01-23.00 located in Kent County, Delaware. If you agree to the inclusion of your property in the proposed service area, no action on your part is required.

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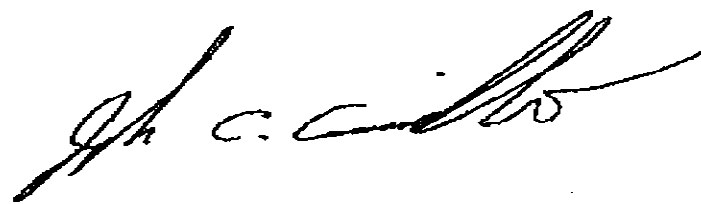
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Joseph C. Cuccinello
CPCN Coordinator
Tidewater Utilities Inc.

TIDEWATER UTILITIES, INC.

"Southern Delaware's Premier Water Company Since 1964"

March 12, 2008

Certified Mail # 7005 3110 0000 5448 3775

Herman Albert & Mary Jane Zeitler
4103 Brownsville Rd
Harrington, DE 19952

Dear Herman Albert & Mary Jane Zeitler

Pursuant to Title 26, § 203C(e) of the Delaware Code, an application for a Certificate of Public Convenience and Necessity (CPCN) will be submitted to the Delaware Public Service Commission on or about April 11, 2008. In accordance with the petition you have recently signed, your properties have been included within an area Tidewater Utilities, Inc. intends to serve with public water and we are required to inform you of certain information. The area to be served is tax parcel number 600-177.00-01-16.00 located in Kent County, Delaware. If you agree to the inclusion of your property in the proposed service area, no action on your part is required.

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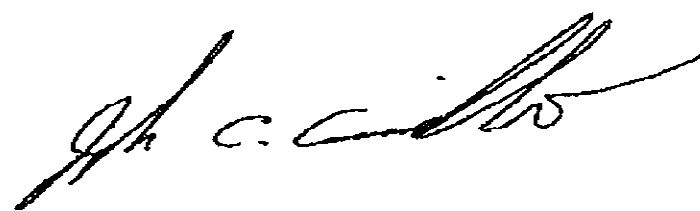
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Joseph C. Cuccinello
CPCN Coordinator
Tidewater Utilities Inc.

TIDEWATER UTILITIES, INC.

"Southern Delaware's Premier Water Company Since 1964"

March 18, 2008

Certified Mail # 7005 3110 0000 5447 8597

William Norris Beauchamp
6004 Brass Lantern Ct
Raleigh, NC 27606

Dear William Norris Beauchamp

Pursuant to Title 26, § 203C(e) of the Delaware Code, an application for a Certificate of Public Convenience and Necessity (CPCN) will be submitted to the Delaware Public Service Commission on or about April 17, 2008. In accordance with the petition you have recently signed, your properties have been included within an area Tidewater Utilities, Inc. intends to serve with public water and we are required to inform you of certain information. The area to be served is tax parcel number MN00-198.00-01-36.03 located in Kent County, Delaware. If you agree to the inclusion of your property in the proposed service area, no action on your part is required.

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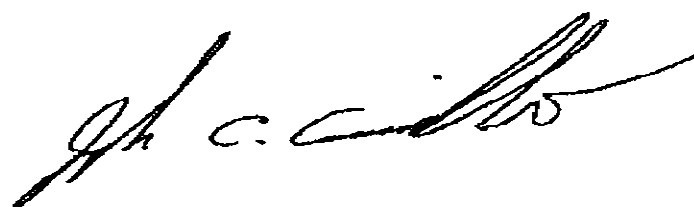
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302-736-7500

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Sincerely,

A handwritten signature in black ink, appearing to read "J. C. Cuccinello", written in a cursive style.

Joseph C. Cuccinello
CPCN Coordinator
Tidewater Utilities Inc.

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

M W ISHAK, MD
 VIRGINIA L. ISHAK
 4000 YORK DR
 HAVRE DEGRACE, MD 21078

2. Article Number

(Transfer from service label)

7005 3110 0000 5448 3751

PS Form 3811, February 2004

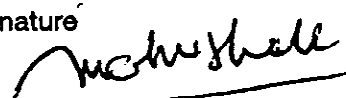
Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X


☐ Agent

☒ Addressee

B. Received by (Printed Name)

M.W. ISHAK

C. Date of Delivery

3/14/08

D. Is delivery address different from item 1?

☐ Yes

 If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☒ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

 For delivery information visit our website at www.usps.com
OFFICIAL USE

Postage

\$

41

Certified Fee

2.65

 Return Receipt Fee
 (Endorsement Required)

2.15

 Restricted Delivery Fee
 (Endorsement Required)

Total Postage & Fees

\$

5.21

Postmark

MAR 12 2008

USPS

Sent To

M W ISHAK, MD + VIRGINIA L. ISHAK

 Street, Apt. No.,
 or PO Box No.

4000 YORK DR

City, State, ZIP+4

HAVRE DEGRACE, MD 21078

PS Form 3800, June 2002

See Reverse for Instructions

7005 3110 0000 5448 3751

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature <div style="display: flex; align-items: center;"> X <div style="margin-left: 10px;"> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee </div> </div> </p> <div style="display: flex; border-top: 1px solid black;"> <div style="flex: 1; padding: 2px 5px;">B. Received by (Printed Name) HELEN MCNALLY</div> <div style="flex: 1; padding: 2px 5px;">C. Date of Delivery 3/13/08</div> </div> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="font-size: 1.2em; margin-top: 10px;">HELEN MCNALLY 3930 VERNON RD HARRINGTON, DE 19952</p>	<p>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail </div> <div> <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D. </div> </div>
<p>2. Article Number (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7005 3110 0000 5448 3768</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

7005 3110 0000 5448 3768

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$.41
Certified Fee		2.65
Return Receipt Fee <small>(Endorsement Required)</small>		2.15
Restricted Delivery Fee <small>(Endorsement Required)</small>		
Total Postage & Fees	\$	5.21

Sent To HELEN MCNALLY

Street, Apt. No.,
or PO Box No. 3930 VERNON RD

City, State, ZIP+4 HARRINGTON, DE 19952

PS Form 3800, June 2002

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

HERMAN Albert
MARY JANE Zeitler
4103 BROWNSVILLE RD
HARRINGTON, DE 19952

2. Article Number

(Transfer from service label)

7005 3110 0000 5448 3775

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Mary Jane Zeitler

☐ Agent

☐ Addressee

B. Received by (Printed Name)

Mary Jane Zeitler

C. Date of Delivery

3/13/08

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☒ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage

\$ 41

Certified Fee

2.65

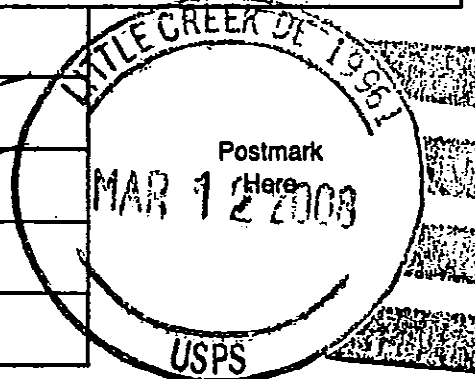
Return Receipt Fee
(Endorsement Required)

2.15

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees

\$ 5.21



Sent To

HERMAN ALBERT + MARY JANE Zeitler

Street, Apt. No.,

or PO Box No.

4103 BROWNSVILLE RD

City, State, ZIP+4

HARRINGTON DE 19952

PS Form 3800, June 2002

See Reverse for Instructions

7005 3110 0000 5448 3775

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

William Norris Blanchard
6004 Brass Lantern Ct.
Raleigh, NC 27606

2. Article Number

(Transfer from service label)

7005 3110 0000 5447 8597

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1541

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☐ Agent☒ Addressee

B. Received by (Printed Name)

C. Date of Delivery

3-20-08

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes**U.S. Postal Service™****CERTIFIED MAIL™ RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com**OFFICIAL USE**

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$

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Sent To

William Norris Blanchard
6004 Brass Lantern Ct.
Raleigh, NC 27606

PS Form 3800, June 2002

See Reverse for Instructions

EXHIBIT

C

Exhibit C

FirstName1	LastName1	FirstName2	LastName2	Company	StreetNum	City	State	Zip	ParcelAC	ParcelID	wAppNo
M.W.	Ishak, MD	Virginia L.	Ishak		4000	York	Havredegr MD	21078	153	LC00-038.00-01-08.00	A-08-006
Helen	McNally				3930	Verni	Harrington DE	19952	38.7	MN00-185.00-01-23.00	A-08-006
Herman Albert & Mary Jane	Zeitler				4103	Brow	Harrington DE	19952	22.8	MN00-177.00-01-16.00	A-08-006
William Norris	Beauchamp				6004	Bras	Raleigh NC	27606	9.3	MN00-198.00-01-36.03	A-08-006

MAPS

SEE

ORIGINALS

IN DOCKET